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www.chasepaymentech.com

1 COMPANY INFORMATION									
Federal regulations require that we collect and retain for our records information to verify merchant identity.									
COMPANY LEGAL NAME: Lexington Fayette Urban County Government					TAXPAYER ID: 61-0858140				
REGISTERED TRADE NAME:					YEAR BUSINESS STARTED: 1775				
PHYSICAL STREET ADDRESS: (NO PO BOX OR PAID MAIL BOX) 200 E MAIN STREET									
CITY: LEXINGTON			STATE: KY		ZIP CODE: 40507				
PRIMARY CONTACT: BILL O'MARA					TELEPHONE #: 859-258-3354				
TYPE OF ENTITY									
<input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC* <input checked="" type="checkbox"/> OTHER: GOVERNMENT									
* IF LLC, TAXED AS: <input type="checkbox"/> DISREGARDED ENTITY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP									
STATE OF FORMATION: KENTUCKY					DATE OF FORMATION (MM/DD/YYYY):				
2 OWNERS									
Owners must provide social security number. Each owner signing authorizes JPMorgan Chase Bank N.A. and Paymentech, LLC, as part of this investigation, to obtain and review third party credit bureau reports on such owner. Ownership must equal at least 50% and must include at least two individual owners, if applicable. Attach additional sheets, if necessary, along with signatures of any owner who is an individual.									
NAME:			SOCIAL SECURITY TAX ID NUMBER:			BIRTHDATE OR DATE OF INCORPORATION:			
STREET ADDRESS:					TELEPHONE NUMBER:				
CITY:			STATE:		ZIP CODE:				
SIGNATURE:						PERCENT OWNERSHIP:		%	
NAME:			SOCIAL SECURITY OR TAX ID NUMBER:			BIRTHDATE OR DATE OF INCORPORATION:			
STREET ADDRESS:					TELEPHONE NUMBER:				
CITY:			STATE:		ZIP CODE:				
SIGNATURE:						PERCENT OWNERSHIP:		%	
3 CERTIFICATION									
I, the undersigned, being an officer/principal of _____ represent and warrant that the statements made on this document are correct and factual. JPMorgan Chase Bank, N.A ("Member") and Paymentech, LLC ("Paymentech" or "Chase Paymentech") are authorized to conduct any necessary investigation.									
SIGNATURE:					DATE:				
NAME (please print):					TITLE (please print):				
PAYMENTECH INTERNAL USE ONLY									
SUBMITTER NAME: Link2Gov, Corp.									

*Note: Each Merchant is required to submit a W9 with this application, regardless if Paymentech will be utilizing the Submitter's TIN for IRS reporting purposes.